

GENERAL NOTES:

A. REFER TO MECHANICAL SCHEDULES FOR ADDITIONAL STEAM PIPING INFORMATION.


1 SITE STEAM PLAN
NOT TO SCALE

100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/16/2011

NO

REVISION

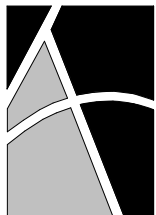
DATE



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ARRAY
healthcare facilities solutions

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TOWNSHIP LICENSED

I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.

Signature _____

Registration No. _____

Date 11/17/2011

APPROVED: SERVICE LINE DIRECTOR	DATE	APPROVED: INJECTION CONTROL NURSE	DATE
APPROVED: GEMS COORDINATOR	DATE	APPROVED: PATIENT SAFETY	DATE
APPROVED: PROJECTS SECTION MANAGER	DATE	APPROVED: CHIEF OF POLICE	DATE
APPROVED: DIRECTOR FMS	DATE	APPROVED: SAFETY MANAGER	DATE

APPROVED: CHIEF OF STAFF

APPROVED: MEDICAL CENTER DIRECTOR

PROJECT TITLE
LONG TERM / INTERMEDIATE
PSYCHIATRIC UNIT

DATE
12/16/2011
AS NOTED

PROJECT NO.
2032.001.00

CAD FILE

BUILDING NO.


CHECKED BY
DM

ISSUED
BB

LOCATION
4801 VETERANS DR. SAINT CLOUD, MN

STANDARD NO.
M107

DATE
02



VAMC
SAINT CLOUD
MN

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